



Student Request for Religious Exemption from Immunization Requirement

Student Section: Complete the following information

Print Name (last, first) _____ Student ID _____

Email Address: _____ Best Phone Number _____

Academic Program: _____

After you complete this form, scan it and submit it to vaxexemption@campell.edu. Information will be kept only in your confidential student record. You will be notified within seven (7) calendar days after receipt of all necessary information whether your exemption request is approved.

The undersigned student is requesting a religious exemption from the following immunization _____ . The student understands that this exemption is allowed solely for sincerely held religious beliefs and not for political, social, or other personal views. By signing below, the student verifies that the information contained herein is true.

Please provide a personal written statement describing your sincerely held religious beliefs that guide your objection to the vaccination(s) listed above.

If your request for exemption is approved, you may be required to comply with routine COVID-19 testing and other preventative measures such as distancing, masks, isolation and quarantine and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated students and this treatment is based solely on your unvaccinated status. Any such action may be required to protect your health and the health of the Campbell University community.

By signing and submitting this form, I acknowledge that I will not have the protection afforded by the immunization referenced above and knowingly agree to assume the risks associated with being a student at Campbell University, without the vaccine(s).

I understand that my exemption status (though not the detailed reasons for the exemption) may be shared with other university officials as needed in order to coordinate services.

My signature indicates that the information I am providing in completing this form truthfully and accurately reflects my sincerely held religious beliefs, and that I understand the public health measures with which I will comply if granted an exemption.

Signature: _____ Date: _____
Student

Approved: ___ Yes ___ No

Approval: _____ Date: _____

It is the responsibility of the student to report and upload the exemption document into the required portal for the student's program.